## PART B - FEE(S) TRANSMITTAL

FIRST NAMED INVENTOR

Kazuvuki OHMOTO

PUBLICATION

FEE

\$300.00

ART UNIT

1628

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

FILING DATE

01/26/2007

TITLE OF INVENTION: BLOOD FLOW PROMOTERS FOR CAUDA EQUINA TISSUES

ISSUE FEE

\$1510.00

Change of correspondence address for Change of Correspondence Address form (1) the names of up to 3 registered natern

WASHINGTON DC SUGHRUE/265550

65565

APPLICATION NO

10/581.619

APPLN, TYPE

nonprovisional

SUGHRUE MION, PLLC 2100 PENNSYLVANIA AVENUE, NW SUITE 800 WASHINGTON. DC 20037

SMALL

ENTITY

NO

EXAMINER

RICCL GRAIG D

5. Change in Entity Status (from status indicated above)

Authorized Signature

Typed or Printed Name

□ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

Modified PTOL-85 (Rev. 08/08 Approved for use through 08/31/2010.

party in interest as shown by the records of the United States Patent and Trademark Office.

/Keiko K. Takaqi/ #47,121

for Susan J. Mack

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

TOTAL FEE(S)

DUE

\$1.810.00

ATTORNEY DOCKET NO.

O95329

PREV. PAID ISSUE FEE

\$0.00

CLASS-SUBCLASS

514-183000

2. For printing on the patent front page list

□ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

October 7, 2010

30,951

CONFIRMATION NO.

4852

DATE DUE

10/08/2010

Sughrue Mion, PLLC

PTO/SB/122) attached.	attorneys or agents OR, alternatively, 2
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/4	
03-02 or more recent) ATTACHED. Use of a Customer Number is require	d. member a registered attorney or agent) and the 3 names of up to 2 registered patent attorneys or
	agents. If no name is listed, no name will be
	printed.
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)	
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.	
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ONO PHARMACEUTICAL CO. , LTD. Osaka, Japan	
Please check the appropriate assignee category or categories (will not be printed on the patent): 🗆 Individual 🗹 Corporation or other private group entity 🗆 Government	
4a. The following fee(s) are submitted: 4b	p. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)
☑ Issue Fee	A check is enclosed.
☑ Publication Fee (No small entity discount permitted)	Payment by credit card. Form I310-2038 is attached.
	The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any rerpayment, to Deposit Account Number 19-4880.
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